

QUESTION

A 65-year-old male patient with a long history of hypertension and a recent diagnosis of type 2 diabetes mellitus is being treated with lisinopril and metformin. He has been experiencing increasing fatigue and weakness over the past few weeks. His blood pressure is well-controlled, and his blood glucose levels are stable. The patient has a diet low in sodium and a regular exercise routine. He has no family history of heart disease. The patient's physical examination is unremarkable. The patient's laboratory work shows a hemoglobin of 12 g/dL, a hematocrit of 38%, and a mean corpuscular volume of 90 fL. The patient's renal function is normal, with a serum creatinine of 1.0 mg/dL and an estimated glomerular filtration rate of 90 mL/min/1.73 m². The patient's physician is concerned about the patient's symptoms and is considering further diagnostic testing.

Test	Result	Reference Range
Hemoglobin	12 g/dL	13.5-16.5 g/dL
Hematocrit	38%	41%-53%
Mean Corpuscular Volume	90 fL	82-101 fL
Serum Creatinine	1.0 mg/dL	0.7-1.3 mg/dL
Estimated Glomerular Filtration Rate	90 mL/min/1.73 m ²	>90 mL/min/1.73 m ²

What is the most likely cause of the patient's symptoms?

ANSWER



The patient's symptoms are most likely caused by a vertebral fracture. The patient's history of hypertension and diabetes mellitus increases the risk of osteoporosis, which can lead to vertebral fractures. The patient's symptoms of fatigue and weakness are consistent with a vertebral fracture, which can cause pain and instability in the spine. The patient's laboratory work is normal, and his physical examination is unremarkable, which is consistent with a vertebral fracture. The patient's physician should consider further diagnostic testing, such as a bone density scan and a vertebral fracture assessment, to confirm the diagnosis.

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